Applied For

Fee Required

\$5.00 May Be

Not Applicable \$8.75 Additional

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90078 027 ***150.00

\square	OCUMENT	#	67	53	94
1.	Corporation Name		O,		5 T

ITALIAN JEWELRY, INC.

Principal Place of Business

2. Principal Place of Business

-Suite-Apt: #: etc:----

Mailing Address

36 N.E. 1ST STREET MIAMI FL 33132

City & State

22

36 N.E. 1ST STREET MIAMI FL 33132

2a. Mailing Address

Suite, Apt #-etc.

City & State

26

27

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

07/01/1980

59-2018801

4. FEI Number

23		20				Trast Falla Contribution		710000	10 1 000
Zip	Country	Zip		ountry		8. This corporation owes the	current year Inta	angible	
24	25	29	30			Personal Property Tax.		Yes	□No _
<u></u>	9. Name and Address of Current	Registered Agen	<u> </u>	٠.,		10. Name and Address of N	ew Registered A	Agent	
`3				81	Name				
	INANDEZ, MIGUEL			82	Street Addres	ss (P.O. Box Number is Not Ac	rentable)		
36 N	36 N.E. 1ST STREET				Substitudiess (r.o. box Nullines is Not Acceptable)				
MIAI	MI FL 33132			83					
	•							Tapl 7:- (C
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				84	City		FL	85 Zip (Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Fk	orida Statutes, the	above	-named corpor	ration submits this statement for	r the purpose of	changing its	registered
office or r agent. I a	registered agent, or both, in the State o im familiar with, and accept the obligati	f Florida. Such cha ons of, Section 60	ange was authoriz 7.0505, Florida St	ed by tatutes.	the corporation	's board of directors. I hereby a	ccept the appoin	itment as re	gistered
SIGNATURE							DATE		
12.	Signature, typed or printed name of registered agent OFFICERS AND		(NOTE: Register		t signature required v	ADDITIONS/CHANGES TO		D DIRECTO	DRS IN 12
TITLE	PD OFFICERS AND			JITLE		ADDITIONS/CHANGES TO	OF FIGERS AN	☐ Change	Addition
	· ·	U							
NAME	HERNANDEZ, MIGUEL			NAME	, name of			•	
STREET ADDRESS	***************************************				ADDRESS				
CITY-ST-ZIP	MIAMI FL			CITY-ST	-ZIP			Change	Addition
TITLE .	SD	Ц		TITLE	{			☐ Change	☐ Addition
NAME	HERNANDEZ, MARIA C.		2.2	NAME					
STREET ADDRESS			23	STREET	ADDRESS			_	
CITY-ST-ZIP	MIAMI FL			4 CITY-ST	T- ZIP				
TITLE	\ <u>\</u>		DELETE 3.1	TITLE	{	,		Change	Addition
NAME			3.2	NAME					
STREET ADDRESS			3.3	STREET	ADDRESS				
CITY-ST-ZIP	1		3.4	. CITY-SI	r-ZIP			_	
TITLE	\		DELETE 4.1	TITLE				Change	☐ Addition
NAME	3	_	4. 2	2 NAME					
STREET ADDRESS		•	4.3	STREET	ADDRESS				
CITY-ST-ZIP	\		4.4	C/TY-ST	-ZIP				
TITLE		. 🗀		TITLE				☐ Change	☐ Addition
NAME	,		5.2	NAME					i
STREET ADDRESS	•		5.3	STREET	ADDRESS				
CITY-ST-ZIP	\		5.4	CITY-ST	-ZIP			•	
TITLE	:		DELETE 6.1	TIŢLE				Change	☐ Addition
NAME		_	6.2	NAME					_
STREET ADDRESS	· \		6.3	STREET	ADDRESS				İ
CITY-ST-7IP	(64	CITY-ST	-ZVP				

4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3-29-99

(305) 374 - 294C

Daytime F